

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031773

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 206 Primary Registration District No. 304A Registrar's No. 85

LED SEP 11 1962

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREDERICKTOWN</u>		c. CITY OR TOWN <u>FREDERICKTOWN</u>	
Length of stay in lb <u>APP. 3 WKS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MADISON CO. MEMORIAL HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>Route 1</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>SAMUEL FRANKLIN RITTER</u>			4. DATE OF DEATH Month Day Year <u>SEPT. 1, 1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-17-1897</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>3 14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LEAD MINE SUPERINTENDENT - RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOE RUN, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>SAMUEL RITTER</u>		13b. MOTHER'S MAIDEN NAME <u>MALINDA ALEXANDER</u>		14. NAME OF HUSBAND OR WIFE <u>VIRGINIA RITTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>VIRGINIA RITTER, Route 1, FREDERICKTOWN, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremic poisoning</u> DUE TO (b) <u>Central thrombosis</u> DUE TO (c) <u>[REDACTED]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>2 1/2 wks</u>	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>3:30</u> <u>8/13/62</u> to <u>9/1/62</u> and last saw him alive on <u>9/1/62</u> Death occurred at <u>3:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Maurice Bowman MD</u> (Degree or title)		22b. ADDRESS <u>Fredricksburg Mo</u>		22c. DATE SIGNED <u>9/2/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9-3-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>ST. FRANCOIS County, MO.</u>
24. FUNERAL DIRECTOR <u>SAM NAJIM, Jr, FREDERICKTOWN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>9-3-1962</u>	26. REGISTRAR'S SIGNATURE <u>Therence Hicks</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/5906210620

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SEP 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Weiss Jr.

Licensed Embalmer No. 5119

P. O. Address 508 Saline
Fredericktown MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.